	PATENT	APPLICATION Effective	ORC)	'lata	۔ مید ا	or to						
Effective October 1, 2003 CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN					
(Column 1)						ımn 2)	1	TYPE		OR	_	ENTITY	
	OTAL CLAIMS	·	90				ŀ	RATE	FEE] .	RATE	FEE]
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	€E 385.0 0	OR	BASIC FEE	770.00	
π	OTAL CHARGE	ABLE CLAIMS	40 minus 20=		· 70			X\$ 9=	630	OR	X\$18=		7
INDEPENDENT CLAIMS			17 minus 3 =		10		ŀ	X43=		OR	X86=		1
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		1	+290=		1
* If the difference in column 1 is less than zero, enter "0" in column 2										OR	L		4
CLAIMS AS AMENDED - PART II								TOTAL	1445	OR	TOTAL		4
لــــــ	626-04	(Column 1)	(Column 2) (Column 3				SMAL	LENTITY	OR	SMALL		Į	
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 90	Minus	- 90		=//		X\$ 9=	i	OR	X\$18=]
	Independent	13	Minus	F3		= -		X43=		OR	X86=		1
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	OR	+290=		1
	·										TOTAL		┨
	(Column 1) (Column 2) (Column 3)								E	1 0	addit. Fee	<u> </u>	1
AMENDMENT B	10/19/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 70	Minus	- 90	<u></u>	• /		X\$ 9=		OR	X\$18=		I
	independent	NTATION OF MI	Minus	DENDENT	5 -/		[X43=		OR	X86=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	,	1
		· •			/		L	TOTAL		OR ,	TOTAL ADDIT, FEE		ı
		(Column 1)		(Colum		(Column 3)		•					1
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	ER JSLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	** .		e .		X\$ 9=		OR	X\$18=		
	Independent		Minus	des		9	H	X43=			X86=		l
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F		 	OR	∧00±	·	l
• 11	the entry in colur	nn 1 is less than the	entry in cob	ımın 2, write T	O° in co±	ımın 3.	L	+145=		OR	+290=		
	the "Highest Nur the "Highest Nu	nber Previousty Pai mber Previousty Pai ber Previously Paid	d For IN THI Id For IN TH	S SPACE is I IS SPACE is I	ess than	20, enter "20."		TOTAL DOT. FEE d in the ap			TOTAL DOIT, FEEL		

Application or Docket Number